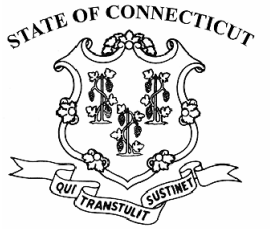

Substitute Senate Bill No. 18

Public Act No. 11-171

AN ACT CONCERNING INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING AND EXTENDING THE NOTIFICATION PERIOD TO INSURERS FOLLOWING THE BIRTH OF A CHILD.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (a) of section 38a-503 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):

(a) (1) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), **[**(6),**]** (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state **[**on or after October 1, 2001,**]** shall provide benefits for mammographic examinations to any woman covered under the policy which are at least equal to the following minimum requirements: **[**(1)**]** (A) A baseline mammogram for any woman who is thirty-five to thirty-nine years of age, inclusive; and **[**(2)**]** (B) a mammogram every year for any woman who is forty years of age or older.

(2) Such policy shall provide additional benefits for: **[**comprehensive**]**

(A) Comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse; and

(B) Magnetic resonance imaging in accordance with guidelines established by the American Cancer Society or the American College of Radiology.

Sec. 2. Subsection (a) of section 38a-530 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):

(a) (1) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state **[**on or after October 1, 2001,**]** shall provide benefits for mammographic examinations to any woman covered under the policy which are at least equal to the following minimum requirements: **[**(1)**]** (A) A baseline mammogram for any woman who is thirty-five to thirty-nine years of age, inclusive; and **[**(2)**]** (B) a mammogram every year for any woman who is forty years of age or older.

(2) Such policy shall provide additional benefits for: **[**comprehensive**]**

(A) Comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is

believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications as determined by a woman's physician or advanced practice registered nurse; and

(B) Magnetic resonance imaging in accordance with guidelines established by the American Cancer Society or the American College of Radiology.

Sec. 3. Section 38a-490 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):

(a) **[**Every**]** Each individual health insurance policy delivered, issued for delivery, renewed, amended or continued in this state, providing coverage of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469 for a family member of the insured or subscriber shall, as to such family members' coverage, also provide that the health insurance benefits applicable for children shall be payable with respect to a newly born child of the insured or subscriber from the moment of birth.

(b) Coverage for such newly born child shall consist of coverage for injury and sickness including necessary care and treatment of medically diagnosed congenital defects and birth abnormalities within the limits of the policy.

(c) If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of such newly born child and payment of the required premium or fees shall be furnished to the insurer, hospital **[**or**]** service corporation, medical service corporation or health care center **[**within thirty-one**]** not later than sixty-one days after the date of birth in order to continue coverage beyond such **[**thirty-one-day**]** sixty-one-day period, provided failure to furnish such notice or pay such

premium or fees shall not prejudice any claim originating within such **[**thirty-one-day**]** sixty-one-day period.

[(d) The provisions of this section shall apply with respect to health insurance policies delivered or issued for delivery in this state on or after October 1, 1974, and to any health insurance policies which are thereafter amended to substantially alter or change benefits or coverages, and to any individual health insurance policies renewable at the option of such insurance company, hospital or medical service corporation or health care center which are thereafter renewed.**]**

Sec. 4. Section 38a-516 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):

(a) Each group health insurance policy delivered, issued for delivery, renewed, amended or continued in this state, providing coverage of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469 for a family member of the insured or subscriber shall, as to such family members' coverage, also provide **[**as to such family members' coverage,**]** that the health insurance benefits applicable for children shall be payable with respect to a newly born child of the insured or subscriber from the moment of birth.

(b) Coverage for such newly born child shall consist of coverage for injury and sickness including necessary care and treatment of medically diagnosed congenital defects and birth abnormalities within the limits of the policy.

(c) If payment of a specific premium fee is required to provide coverage for a child, the policy may require that notification of birth of such newly born child and payment of the required premium or fees shall be furnished to the insurer, hospital **[**or**]** service corporation, medical service corporation or health care center **[**within thirty-one**]** not later than sixty-one days after the date of birth in order to continue

coverage beyond such **[**thirty-one-day**]** sixty-one-day period, provided failure to furnish such notice or pay such premium shall not prejudice any claim originating within such **[**thirty-one-day**]** sixty-one-day period.

[(d) The provisions of this section shall apply with respect to health insurance policies delivered or issued for delivery in this state on or after October 1, 1974, and to any health insurance policies which are thereafter amended to substantially alter or change benefits or coverages.**]**

Approved July 13, 2011